

# Eckerd Rapid Safety Feedback New Hampshire Practice Guide 2.0



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# *History of Eckerd Rapid Safety Feedback*

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## **Eckerd's Role in Child Welfare**

In Florida, the child welfare system utilizes a unique system of Community Based Care wherein the Florida Department of Children and Families contracts with 20 Community Based Care Lead Agencies that manage the child welfare system in each of the corresponding 20 Judicial Circuits. Eckerd is the Community Based Care Lead Agency in two Judicial Circuits which are comprised of three Florida Counties – Hillsborough, Pasco and Pinellas.

Eckerd manages child welfare services for a family from the time that a child protective investigator has reasonable cause for concern about a child's safety or wellbeing until case closure, whether that means the child is maintained in the home, is reunified with a parent, is adopted, or ages out of foster care. Eckerd subcontracts all of the direct case management and other services to local community partners.

Eckerd also manages a system of continuous quality assurance for all of its 60 operating programs through its headquarters in Clearwater. This allows for an unbiased approach to quality of care.

## **Eckerd Rapid Safety Feedback® History**

Eckerd, already the Community Based Care Lead Agency in Pasco and Pinellas Counties, competed to be and was selected to fulfill the same role in Hillsborough County in 2012, after that community experienced an unprecedented nine child deaths from maltreatment in less than three years in open cases actively receiving services from the prior lead agency. As Eckerd was preparing to assume responsibility for child welfare services in Hillsborough County, it was clear that an approach was needed that would stem the tide of child deaths in open cases.

To accomplish this task, Eckerd conducted a 100% review of the 1,500 open in-home and out-of-home child welfare cases in the county. Additionally, extensive research was conducted on the nine child death cases, including information from the Florida Death Review Coordinator and national child death review data sources. From this review, critical case practice issues were identified that, when completed to standard, could reduce the probability of serious injury or death. Among these case practices were quality safety planning, quality supervisory reviews, and the quality and frequency of home visits.

Now that Eckerd knew what common risk factors to look for, the next step was to determine which cases needed to be reviewed. Eckerd developed a profile of cases with the highest probability of serious child injury or death. These cases had multiple common factors: a child under the age of three, a paramour in the home, substance abuse/domestic violence history, and a parent who had previously been placed in foster care.

Eckerd also had to resolve the issue of lacking access to real time data. The Florida SACWIS system (the state child welfare data system) had limitations in its ability to provide real time data. Therefore, Eckerd contracted with Mindshare, its child welfare technology partner, to provide system overlay software that produces real time data and agency performance dashboards. This allows cases to be mined in real time for the common risk factors identified with cases that have a high risk of child tragedy or death.

## **How Eckerd Rapid Safety Feedback® Works**

Having identified the highest risk cases and the critical child welfare practices necessary to keep children safe, Eckerd launched its Rapid Safety Feedback process in Hillsborough County in January 2013. As part of this process, each of the high probability cases is reviewed by Eckerd quality assurance staff utilizing the Eckerd Rapid Safety Feedback® tool, which focuses on the nine critical case practices.

In the Hillsborough model, these cases are reviewed quarterly until case closure, removal of the children from the home, or when the youngest child turns three. If any safety concerns are identified during the review, Eckerd quality assurance staff meets with the case manager and supervisor within one business day to develop a plan to ensure any safety concerns are quickly mitigated, and to provide immediate coaching and support for case management staff. Agreed upon tasks are then tracked to completion by Eckerd quality staff using an automated process that ensures accountability.

## Results of Eckerd Rapid Safety Feedback®

The results thus far are remarkable, demonstrated by comparison between baseline data and ongoing case reviews in Hillsborough County:

- No abuse related deaths in the population receiving services from Eckerd since implementation of Eckerd Rapid Safety Feedback®.
- 53% improvement in the sharing of critical case information among the various providers (mental health, substance abuse, domestic violence and others) that are assisting the family in the completion of their case plan. This information is used to document the extent of positive behavior change in the family, necessary to ensure child safety.
- 43% improvement in the effectiveness of supervisory reviews and follow-up by case managers on critical tasks that need to be completed, such as safety plans, home studies, and collateral contacts with case stakeholders.
- 33% improvement in the effectiveness of safety plans. For example, plans are more actionable, verifiable and less reliant on parental promises of changed behaviors.
- 24% improvement in the quality of the contacts that case managers have with the families and their children. For example, discussions are focused on real case issues and behavior changes the family is making.

## National Recognition

Eckerd Rapid Safety Feedback® is being recognized nationally for its promising results:

- Eckerd has been invited to present information about Eckerd Rapid Safety Feedback® by national child welfare entities such as Casey Family Programs, Child Welfare League of America and the National Association of Social Workers. In addition, the program has been noted in multiple publications.<sup>1</sup>
- Eckerd Rapid Safety Feedback® has been identified as a best practice by the Los Angeles County's Blue Ribbon Panel Commission on Child Protection.<sup>2</sup>

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<sup>1</sup> John Kelly, "Los Angeles Eyes Florida's Child Fatality Prevention System," *The Chronicle of Social Change* 17 Sept. 2014. <https://chronicleofsocialchange.org/featured/los-angeles-eyes-floridas-child-fatality-prevention-system/8132>

John Kelly, "The Potential of Rapid Safety Feedback," *The Chronicle of Social Change* 18 Sept. 2014. <https://chronicleofsocialchange.org/youth-services-insider/the-potential-of-rapid-safety-feedback/8139>

"Editorial: A better way to protect children," *Tampa Bay Times* 24 Jan. 2014. <http://www.tampabay.com/opinion/editorials/editorial-a-better-way-to-protect-children/2162642>

<sup>2</sup> *The Road to Safety for Our Children: Final report of the LA County Blue Ribbon Commission on Child Protection* 4 April, 2014. [http://ceo.lacounty.gov/pdf/brc/BRCCP\\_Final\\_Report\\_April\\_18\\_2014.pdf](http://ceo.lacounty.gov/pdf/brc/BRCCP_Final_Report_April_18_2014.pdf) page 25.



## Innovation in Action



- Casey Family Programs is collaborating with Eckerd to conduct an independent evaluation of this approach as it is being deployed in the early adopting jurisdictions.

## *Why the ERSF Model?*

There is no magical formula to prevent all child fatalities or other tragedies; however by using data to help determine which children are at the highest risk, we can maximize resources available to achieve safe outcomes. The ERSF process is an innovative data-informed approach to Quality Assurance. Most child welfare quality assurance systems have always worked under the same rule of thumb—completion of a retrospective file review after a critical incident or fatality. Case findings were often the same: appropriate case oversight was missing, case stakeholders and professionals involved with the family were not communicating effectively, and emerging dangers were not properly identified, to name a few. The ERSF model provides a proactive approach to QA by changing the trajectory of a case and ultimately improving overall case practice. Reviews are completed in real time, which allows immediate feedback, so intervention can occur before a tragedy occurs. The review focuses on the most critical safety-related issues, instead of traditional reviews with a large volume of questions which are equally weighed. Cases are not randomly chosen; in fact, ERSF reviews target our system's highest risk population.

Each jurisdiction determines a problem they are working to mitigate using the ERSF process. Eckerd works with each jurisdiction to create the problem statement based on unique needs including the prevalence of repeat maltreatment, severe maltreatment, and or fatality in the jurisdiction- this ultimately determines the sample for review.

### *The New Hampshire Problem Statement*

Prevent a fatality or serious injury to children known to the Department from a prior accepted report, regardless of finding, within 12 months of that previous accepted report.

The ERSF focused review is designed to address some known challenges in child welfare. A key decision-making flaw noted in retrospective reviews of child welfare fatalities is that front-line staff tend to have fixed ideas, or biases, of the family or case and have difficulty integrating new or conflicting information into their view of the family. Noted scholar, Eileen Munro, published on this tendency in her article, *Common Errors of Reasoning in Child Protection Work*:

*“The most striking and persistent criticism was that professionals were slow to revise their judgment despite a mounting body of evidence against them” and “professionals become absorbed in present day issues and fail to stand back and place current events into a longer term assessment of the family. This bias can be very powerful in preserving the current risk assessment by obscuring the pattern of behavior or the frequency with which small worrying incidents are happening.” She posited that “the crucial element in strategies to counteract bias is that they involve considering alternative perspectives.”<sup>3</sup>*

Part of the role of the ERSF reviewer is to offer this alternative perspective, prompting conversations intended to challenge these biases.

During the ERSF process, the Eckerd Quality Reviewer completes an independent file review and obtains a neutrally formed decision regarding the case. In fact, the premise of a case teaming is a disagreement between the Quality reviewer and the case manager. This diminishes any natural tendencies toward consensus that might also occur as part of traditional case teaming. A teaming is scheduled with the case manager and supervisor only if safety concerns are identified during the case review process.

Dee Wilson wrote in the “January 2014 edition of *The Sounding Board---Controlling Heuristic Biases*”<sup>4</sup>: *“Caseworkers and supervisors may be unusually susceptible to heuristic or unconscious biases---they must make decisions regarding child safety quickly, often with inadequate information. Once caseworkers’ initial impressions regarding child safety develop into beliefs, confirmation bias ensures that these beliefs will be difficult to change.”*

The practice of challenging the deeply held notions of case managers and supervisors utilized in ERSF teamings is one way of improving child welfare practices to offset the susceptibility to bias described above.

Though the request to complete these reviews was originally confined to Hillsborough County (Circuit 13) owing to a history of child tragedies under the previous lead agency, Eckerd expanded its reach into Pinellas & Pasco County (Circuit 6) effective July 1, 2013. This is based on the review’s initial success at reversing this trend and its value as a potential best practice as reported by CMOs and other stakeholders involved in the process.

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<sup>3</sup> Eileen Munro “Common Errors of Reasoning in Child Protection Work” published in *Child Abuse & Neglect*, Vol. 23, No. 8, pp.745-758 1999

<sup>4</sup> Dee Wilson “Controlling Heuristic Biases” published in *The Sounding Board*, January 2014

# Coaching & Mentoring

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A primary component of the ERSF model is mentoring and coaching child welfare professionals during the teaming process. Child welfare front-line staff and supervisors must constantly use critical decision-making skills as they face the complex needs and issues of the families they serve. “Implementation science researchers claim that ‘human services are far more complex than any other industry’ (Fixsen, Blasé, Naoom, & Wallace, 2009, p.531).”<sup>5</sup> It is important to keep in mind that rather than in industrial fields where a system change is a new policy or practice, “the practitioner is the focus of the change itself.” (Fixsen, et al., 2009). “Evidence-based practices and programs inform when and how they interact with consumers and stakeholders but it is the person (the practitioner) who delivers the intervention through his or her words and actions.”<sup>6</sup> Through direct interaction with the practitioners themselves, the ERSF quality reviewer is able to influence this change.

Child welfare staff need advanced critical decision-making skills that cannot be taught in a one-time training. According to the National Implementation Research Network, “most skills needed by successful practitioners can be introduced in training but are really learned on the job with the help of a *coach*. Coaches not only expand the knowledge and skills taught in training, they also impart craft knowledge.” (“Coaching: NIRN Project Site”). The ERSF model allows for ongoing coaching for child welfare staff to develop these skills. When the case is staffed between Quality and the child welfare worker and supervisor, the coaching benefits are twofold. First, the quality staff provide case-specific coaching directly to the front-line worker, guiding them to develop critical thinking and problem solving skills, as well as devise action items that can immediately change the trajectory of a case with regards to the safety of the children the agency is tasked to protect. This is done by asking open-ended questions and allowing the child welfare workers the opportunity to communicate thoughts and ideas with real-time feedback and guidance. The second coaching benefit is that the Quality staff are also able to model for the child welfare supervisors how to effectively coach their own staff to achieve these outcomes. By providing coaching to both the front-line and supervisory child welfare staff, the Quality reviewer and supervisor help to reinforce ideas and skills that have been introduced in trainings, which helps the workforce maximize retention and ongoing practice of these skills, as demonstrated by the table below (from Fixsen, et al., 2009).<sup>7</sup>

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<sup>5</sup> The Coaching Toolkit for Child Welfare, Northern California Training Academy, 2012

<sup>6</sup> “Coaching: NIRN Project Site.” <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers/coaching>. National Implementation Research Network. Web.

<sup>7</sup> D. L. Fixsen, K. Blase, M. Duda, S. Naoom, & F. Wallace, published in “Core Implementation Components. *Research on Social Work Practice*, V19, pp. 531–540, 2009

TRAINING COMPONENTS	OUTCOMES % of Participants who Demonstrate Knowledge, Demonstrate New Skills in a Training Setting, and Use new Skills in the Classroom		
	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
...+ Demonstration in Training	30%	20%	0%
...+ Practice & Feedback in Training	60%	60%	5%
...+ Coaching in Classroom	95%	95%	95%

—Joyce and Showers 2002

According to the Coaching Toolkit for Child Welfare Practice, “a key adult learning strategy is the act of reflection. Reflection or self-inquiry is based on the belief that learners can improve by consciously and systematically reflecting on their work performance.” (“The Coaching Toolkit for Child Welfare Practice” 78). “Ziskin likened clinical practice (one shot training) to learning how to play golf in a dense fog. Hitting the ball has some feeling and immediate effect, but there is no reliable information to help correct the drive. One could labor for years on a fog-bound driving range without demonstrating any improvement in actual golfing skill.” (“The Coaching Toolkit for Child Welfare Practice” 29). Likewise, within the child welfare system, lasting improvements cannot be made in case practice without taking the time to sit down in a coaching environment and analyzing one’s casework with a critical eye. ERSF provides the opportunity for the front-line worker and supervisor to take the time and be challenged to think more critically about their own work, with the intent of making long-lasting improvements in individual case practice.

### *Some Guidance for Coaching and Mentoring in Social Services Field*

- Coaching is most successful when it is voluntary
- Coaching is best when it is separated from supervision and/or performance evaluation.
- Coaching is an ongoing process that requires time; learners must be able to spend time in the learning process.
- Coaching requires an atmosphere of trust and experimentation and a strengths-based learning environment that encourages growth.
- Coaching increases success in the organization. Coaching an individual social worker improves job performance and development while profoundly impacting the success of the child welfare organization. (“The Coaching Toolkit for Child Welfare Practice” 9)

## *The Process: Completing the ERSF Tool*

Investigations will be identified for review using the Mindshare prediction distribution listing and will be prioritized according to level of risk. The initial review of an investigation should be within 10-12 business days of the case being flagged above the threshold, if identified within the first 30 calendar days of the investigation. If identified in the sample after 30 calendar days, a review will be completed within 5 business days. The Rapid Safety Feedback (RSF) Coach completes a review of the current investigation, using the brief safety-focused review tool. As part of the review process, the reviewer will read the current investigation, prior



investigations for all household members, and information from recent ongoing services cases. While case history is reviewed, the ERSF review tool is completed based only on the current investigation and on current circumstances as documented in the case record.

The RSF Coach will continue to follow the investigation as long as it remains open, and will complete a second review prior to closure, at approximately the 30th day of the investigation (calendar days). The second review focuses on activities which have occurred since the initial review and may result in a second teaming if additional questions arise or opportunities to enhance safety are identified. It is recommended that ERSF-identified cases not be closed prior to completion of this second review; however, if an impending closure is communicated to the ERSF team, the reviewer can complete the second review sooner, so as not to delay the closure.

When a case is selected within the Prediction Distribution, the Child Trace Utility (commonly referred to as the “Victim Page”) will open. Basic case information is obtained from the case and documented on the ERSF review tool. This includes:

### **Child Demographics**

- This information is prepopulated by Mindshare

### **Case Details**

- **Types and number of current & previous alleged maltreatments**
  - This information is prepopulated by Mindshare.

### **Fidelity Events**

- Fidelity events are used to document completion of activities related to fidelity to the model, including case reviews, teamings, and accountability teamings
  - When a case is assigned for review in the Mindshare system, review events will automatically populate
  - Additional events should be created by the reviewer to correspond with additional fidelity activities, such as a teaming or accountability teaming as needed
  - In order to enter a case review survey, there must be a “Review” fidelity event active with no completion date. The completion date will automatically populate when the survey is entered

## Entering a Survey

- In order to enter a case review survey, the reviewer should locate and select the Intake Case ID for the investigation reviewed within the Investigations/Allegations section at the bottom of the Child Trace Utility
  - When the Intake case ID is selected, a new window will open which lists any open “Review” fidelity events associated with the intake
  - When the reviewer selects the underlined number for the desired fidelity event, the survey will open
  - The survey is intended to guide the teaming discussion, so the reviewer should include sufficient comments to justify the rating, including any concerns identified, or what additional information is needed to make a determination of child safety. A question should not be marked “no” if the concern has already been resolved (e.g. if the initial contact was not completed timely, but all case participants ultimately were seen prior to the case review), as there would be no need to conduct a teaming and develop an action plan.

## *Tips for Conducting ERSF Review*

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### **Case Review**

- When reviewing case history, it is important to identify trends and themes, such as patterns of similar allegations, or allegations escalating in severity. Look out for historical concerns that could impact the family today, such as mental health, substance use, domestic violence or past perpetrators. Also make note of people previously involved who may be able to provide information now, such as family, friends, and service providers.
- All reviewers over time develop a particular process for how to most efficiently review current and historical information. Some read chronologically starting at the earliest report, while some read the current report first and then read priors. Try a few different techniques to determine what works best for you.
- When reading the current investigation it is beneficial to take notes of case specifics that will help you complete the survey. That being said, extensive note taking can be very time-consuming; focusing on key factors in the case will save time.

## Review Documentation

- Document strengths that are specific to the case, and include detailed descriptions of key CPSW or supervisor actions. This will be helpful in your preparation for the teaming or emailing to inform a CPSW no teaming is needed.
- Make note of strengths as you are reviewing the case file, rather than waiting until the end. It can be difficult to remember specific strengths at the end of reading a case, particularly when overall casework needs improvement.
- The section for opportunities for improvement is intended to be a parking lot for non-safety-related suggestions, such as those relating to permanency and wellbeing. Ensure that safety-related opportunities are captured only within the ERSF survey.
- Not every review must have identified opportunities for improvement. Use this section sparingly; only note items that, while outside of the scope of the ERSF review, are of significant importance for the child (e.g. an identification that a child needs glasses with no documented resolution).
- While it is not required by the model to enter a comment justifying a “yes” response, there are benefits to doing so. Being reminded of your previous thinking saves you time when completing an ongoing review of the case. Comments also help your supervisor or other person reading the survey understand how you determined your rating.

## *ERSF Questions*

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1. Is background information, including DCYF history, documented for all household members and others with access to the child/victim, and incorporated into case decision-making?

*Considerations:* The reviewer must assess overall evidence supporting:

- Whether a background assessment was made of any parents and caretakers residing in and out of the home, including prior abuse or neglect history, or DCYF Family Services, and criminal background (if accessible)
- If there are other adults residing in or frequenting the home, such as a paramour or relative, whether their identity and level of interactions with the child/victim were determined, as well as sufficient exploration of their background

*Rating Criteria:*

- ☐ Yes, if background information, including DCYF history, was documented for all household members and others with access to the child/victim, and incorporated into case decision-making

☐ No, if background information, including DCYF history, was not documented for all household members and others with access to the child/victim, and/or was not incorporated into case decision-making

2. Are contacts with the family conducted with sufficient timeliness to assess safety and dynamic risk factors and to monitor safety plans?

*Considerations:* The reviewer must assess overall evidence supporting:

- Whether all alleged victims were seen and interviewed
- Whether all non-victim children involved in the assessment were seen and interviewed, such as household members or children who do not reside in the household but are routinely in the home or care of the alleged perpetrators
- Whether contact was made with all parents and caregivers, including non-custodial parents who are perpetrators or have direct knowledge of the allegations (unless engaging the non-custodial parent would pose an imminent risk to the child and/or custodial parent)
- Whether the family was observed with sufficient frequency, as warranted by case circumstances, to provide a clear picture of family dynamics specific to safety and risk of future danger

*Rating Criteria:*

☐ Yes, if contacts with the family were conducted with sufficient timeliness to assess safety and dynamic risk factors and to monitor safety plans

☐ No, if contacts with the family were not conducted with sufficient timeliness to assess safety and dynamic risk factors and to monitor safety plans

3. Are interviews and observations of sufficient quality to assess safety, risk of future danger, and the presence or absence of child vulnerability factors and parental protective capacities?

*Considerations:* The reviewer must assess overall evidence supporting:

- Whether safety and risk factors were explored, as well as their impact to the child
- Whether the child was interviewed apart from the parent
- Whether parental protective factors were explored, including:
  - Providing for the child's basic needs
  - Demonstrating effective problem-solving
  - Exhibiting self-control and putting the child's safety ahead of his or her own needs and wants
  - Acting to protect the child from danger
- Whether the presence of underlying family conditions (such as domestic violence, substance abuse, and mental health issues) was sufficiently assessed along with their effect on risk of future harm, particularly with regards to infants and young children

- Whether child vulnerability factors were explored (e.g. age, diminished physical/emotional/cognitive capacity to protect self, or repeated victimization) and how they change the impact of safety concerns or danger
- Whether the case record included a description of the caregiver/child relationship, including observations of how they interact with each other

*Rating Criteria:*

- ☐ Yes, if interviews and observations were of sufficient quality to assess safety, risk of future danger, and the presence or absence of child vulnerability factors and parental protective capacities
- ☐ No, if interviews and observations were not of sufficient quality to assess safety, risk of future danger, and the presence or absence of child vulnerability factors and parental protective capacities

4. Are the child's living environment and conditions sufficiently assessed, including sleeping arrangements as appropriate for child's age, and are identified concerns addressed?

*Considerations:* The reviewer must assess overall evidence supporting:

- Whether the living situation was assessed for conditions which are threatening to the child's health or safety based on age or developmental status
- Whether safe sleep was discussed with all parents/caretakers and sleeping environment was observed as needed for infants
- Whether measures were taken to promptly correct any safety hazards in the home, and/or sleep environment (for younger children as needed)

*Rating Criteria:*

- ☐ Yes, if the child's living environment and conditions were sufficiently assessed, including sleeping arrangements as appropriate for child's age, and identified concerns were addressed
- ☐ No, if the child's living environment and conditions were not sufficiently assessed, including sleeping arrangements as appropriate for child's age, or identified concerns were not addressed

5. Is communication and collaboration with collateral contacts sufficient to gather information regarding danger, risk of future danger, and family conditions?

*Considerations:* The reviewer must assess overall evidence supporting:

- Whether collateral contacts were made with individuals who are in a position to provide insight into family relationships, patterns of behavior, and family functioning/dynamics (e.g. relatives, neighbors, service providers, law enforcement, medical providers, reporter)

- Whether collateral contacts were pertinent to the allegations or issues that arose in the assessment and sufficient to support or refute allegations of abuse and/or neglect
- Whether sufficient information was shared with those responsible for decision-making, service provision, and/or monitoring of child safety both initially and ongoing as circumstances change

*Rating Criteria:*

- ☐ Yes, if communication and collaboration with collateral contacts sufficient was to gather information regarding danger, risk of future danger, and family conditions
- ☐ No, if communication and collaboration with collateral contacts was insufficient to gather information regarding danger, risk of future danger, and family conditions

6. If needed, did the use of safety interventions control for danger and risk of future danger?

*Considerations:* The reviewer must assess overall evidence supporting:

- Whether the safety and risk assessments informed decisions of whether the victim/child could safely remain in the home, and the need for interventions to eliminate the threat of immediate harm
- If necessary to ensure child safety, whether a safety plan was created which:
  - Included a strategy to mitigate safety concerns and risk of future danger
  - Was sufficient to address the identified danger
  - Was monitored sufficiently
- Whether sufficient monitoring of the safety plan occurred as long as dangers remained, and the safety plan was modified as needed to ensure safety

*Rating Criteria:*

- ☐ Yes, if the use of safety interventions controlled for danger and risk of future danger
- ☐ No, if the use of safety interventions did not control for danger and/or risk of future danger
- ☐ N/A, if no safety interventions were needed

7. If needed, are referrals, recommendations, and services appropriate to meet the family's needs identified and provided?

*Considerations:* The reviewer must assess overall evidence supporting:

- Whether the worker identified the need for services to address specific behaviors and/or conditions that put the family at risk, including those contributing to danger and/or risk of future danger, child vulnerability, and deficiencies in parental protective factors
- Whether follow up occurred to ensure that families received and engaged in needed services

- Whether the agency assisted the parents in overcoming barriers to service linkage

*Rating Criteria:*

- ☐ Yes, if services appropriate to meet the family's needs were identified and provided
- ☐ No, if services appropriate to meet the family's needs were not identified and/or were not provided
- ☐ N/A, if no services were needed

8. Does the supervisory review identify gaps regarding all of the above, provide relevant and sufficient guidance, and ensure accountability to guidance?

*Considerations:* The reviewer must assess overall evidence supporting:

- Whether the case record contained evidence of supervisory oversight of casework related to all of the areas identified above
- Whether the supervisory review included information about the assessment of child safety, risk of future danger, child vulnerability, and parental protective capacity
- Whether the supervisor gave case-specific guidance to address gaps in information needed to adequately assess and respond to the family's needs
- Whether the supervisor ensured the guidance was completed timely

*Rating Criteria:*

- ☐ Yes, if the supervisory review identified gaps regarding all of the above, provided relevant and sufficient guidance, and ensured accountability to guidance
- ☐ No, if the supervisory review did not identify gaps regarding all of the above, provide relevant and sufficient guidance, and/or ensure accountability to guidance

## *Additional Information Captured in the Survey*

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- **Whether safe sleep (if applicable) is sufficiently addressed in the case record**
  - When applicable, the file contains documentation that sleeping arrangements were discussed and assessed for adequacy, including careful assessment of infants with regards to co-sleeping with adults or older siblings and the presence of substance abuse
  - Necessary measures were taken with the family to address any concerns identified
  - If the answer to this question is no, this should be addressed in survey question #3

- **Summary of Noted Strengths**
  - Strengths observed in case practice are documented in this section
  - Strengths should be comprehensive and case-specific
- **Summary of Opportunities for Improvement**
  - Non-safety-related casework areas that need strengthening, unrelated to the eight areas on the ERSF tool are documented in this section. These are not required in all cases, but rather on an “as needed” basis
  - Any safety-related items should be captured only within the eight survey questions

## *Scheduling the ERSF Teaming*

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After the RSF Coach completes the review, the case is debriefed with the Rapid Safety Feedback (RSF) Supervisor. During this debriefing, the RSF Coach provides the rating rationale for each ERSF question. Additional case information such as the family composition, reason for involvement with the child protection system, status of parental behavioral change (or lack thereof) is also discussed. If no safety concerns are identified, the RSF Supervisor sends an email to the CPSW, Assistant Supervisor, program administrator, and any other parties designated by DCYF. The email should be congratulatory for the quality of casework and documentation and should include strengths observed in the case review as well as any identified opportunities for improvement.

If safety concerns are identified or if the case file does not contain sufficient information to determine if safety concerns are present, an ERSF case teaming is scheduled. It should be noted that historical insufficiency of documentation that has already been resolved does not require a teaming; there is no need to meet about a case that does not contain any safety issues, even if one was previously present during the documentation reviewed. The teaming is scheduled between the quality team (RSF Supervisor and the RSF Coach who reviewed the case) and the CPSW and Assistant Supervisor. It is important for the social work staff to feel comfortable speaking candidly and engaging in the coaching process. For this reason, leadership should not attend this teaming, as their presence may appear punitive.

The ERSF teaming should be held within one business day of determining safety concerns or insufficient information, as described above, may exist. These teamings may occur via phone, which expedites the coordination of all parties coming together; however it is recommended these teamings occur face to face when possible.



To schedule the ERSF teaming, the RSF Supervisor contacts the Assistant Supervisor to determine the availability of both the CPSW and Assistant Supervisor that day. If the CPSW is unavailable then the Assistant Supervisor may participate alone; however, if the supervisor (or someone in leadership who has knowledge of the case) is unavailable the teaming should be scheduled for the following business day. ERSF teamings should not occur with only quality staff and the CPSW.

When contacting CPSWs and Assistant Supervisors to schedule teamings, ensure:

- The objective of the teaming is clearly explained.
- Your tone is upbeat so the message that an ERSF teaming is needed is understood but won't likely create a defensive response or cause them to put up barriers. Never should your tone be accusatory or imply they did something wrong. Some successful techniques are as follows:
  - Inform the CPSW and Assistant Supervisor that you have a couple of questions regarding the case that you would like to discuss with them.
  - Let the Assistant Supervisor know their input is invaluable and you are looking forward to having a detailed conversation with them during the teaming.
- You are respectful of their time and schedule.

Once the teaming is scheduled, the RSF Supervisor and RSF Coach will meet or call the CPSW and Assistant Supervisor at the agreed date and time and location (if an in-person teaming is possible).

## *The ERSF Teaming*

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The **goals** of the ERSF Teaming are:

- Mitigate safety concerns in cases with a high probability of meeting problem statement criteria through communication and joint development of an action plan.
- Child Welfare staff to utilize the feedback provided by Rapid Safety Feedback staff to allow for case practice change in real time.
- Rapid Safety Feedback staff to convey understanding of risk and safety concerns, and provide mentoring, coaching and support to child welfare staff. The field staff should leave the teaming feeling supported and part of a team.

In service of these goals, the ERSF Teaming uses a four step process.

- 1) Debrief any potential safety concerns and/or emerging dangers with the CPSW and Assistant Supervisor
- 2) Develop a plan to reduce potential threats to the child(ren) if safety concerns and/or emerging dangers are identified
- 3) Identify who will be responsible for action tasks and assign timeframes for resolution
- 4) Provide positive feedback regarding case strengths, as well as discuss case concerns and opportunities for improvement.

This process is not intended to be linear. Rather, positive feedback can be given before launching into potential safety concerns. That being said, every teaming should cover all four steps.

Oftentimes the initial contact between the field staff and the RSF team to discuss a case is met with challenges. CPSWs may feel the RSF team is trying to catch them doing something wrong. The role of the RSF Team is to ease the anxiety so the CPSW feels free to openly discuss the case. To accomplish this, a short dialogue with the CPSW and Assistant Supervisor is recommended prior to beginning the teaming. This can range from discussing their day to discussing the weather, or even upcoming vacation plans, etc. Please be aware of your audience when engaging in this type of conversation and tailor its length and content appropriately.

The ERSF teaming should be strength-based and the RSF Coach should always begin the teaming discussing the good case practice observed. There is rarely an occasion when no case strengths can be identified. By initially discussing the strengths, the CPSW and Assistant Supervisor are made to feel their work is appreciated and valued, which ultimately builds ongoing rapport. However, the focus of why the teaming is occurring must remain paramount—to address identified potential deficiencies with safety management. Asking open ended questions to the CPSW and Assistant Supervisor is the ideal method for engagement and to determine if safety concerns truly exist.

Examples of open ended questions relating to unaddressed parental inadequate supervision identified during a review are provided below:

- Can you tell me how you have addressed the mother leaving the children outside alone while she is inside watching TV?
- Tell me about the mother's current substance use.
- How could we verify the father's account of the incident?

If the CPSW and/or Assistant Supervisor cannot verbalize how the inadequate supervision is being addressed, the RSF Coach should elicit a discussion of what can be done to ensure the children's safety while they are playing outside. This is the point when the CPSW and Assistant Supervisor are encouraged to come up with some intervention strategies. It is important for the RSF Coach to allow this process to occur. Often, this results in an awkward, but necessary silence. This struggle is welcome and important, for it is only through this activity that growth and learning occur. In fact, it typically also results in tasks that are more actionable and specific as the CPSW and Assistant Supervisor have comparatively greater knowledge of family circumstances. Only as a last resort, if the CPSW and/or Assistant Supervisor can't develop any strategies, the RSF Coach can make some suggestions. Once the CPSW and Assistant Supervisor are in agreement with the feedback provided from the RSF Coach, a plan to execute the intervention is developed. The RSF Coach provides the CPSW and Assistant Supervisor with the opportunity to determine the timeframe of when they will meet with the family to begin implementing the safety intervention (action task) agreed upon, keeping in mind timeframes for completion of action tasks recommended by the CPSW and Assistant Supervisor must be urgent to mitigate all safety concerns. If these timeframes are not sufficient, the RSF Coach will explain why tighter timeframes are needed and will assign earlier timeframes.

The RSF Supervisor ultimately makes the determination if an action task or plan should be assigned or not. In some cases the CPSW and Assistant Supervisor may not have the same concerns as the RSF Coach; but the RSF Coach should be able to clearly communicate the rationale for assigning the task. Action tasks assigned should be directly related to *safety* concerns identified in the review and from discussion with the CPSW and Assistant Supervisor.

Some examples of safety related action tasks include:

- Development of a safety plan to address present danger or impending danger concerns. The safety plan should not be promissory and tasks should be assigned to persons (other than the parent) who are in agreement with the plan.
- Contacting the parent's service provider for a robust conversation regarding the parent's participation in substance abuse treatment classes and their current prognosis.
- Completion of a prescription drug pill count or unannounced evening or weekend home visit.

If it is determined during the teaming that a safety concern or question necessitating a no response on the tool has already been resolved independently of the teaming and documentation can be provided to the reviewer promptly, no action item is needed, and the tool may be updated to reflect a yes response.

## *Tips & Strategies for Successful ERSF Teamings*

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### **Provide an introduction:**

Social work staff will likely be nervous at their first teaming, and this is the review team's opportunity to set them at ease and highlight the collaborative nature of the process. Below is an example of an introduction to give to staff at the beginning of their first teaming. Even though it is written as a script, do your best to keep it light, friendly, and conversational. Don't be afraid to use appropriate humor to help ease any tension they may be feeling. This introduction will set the course of their initial teaming and likely their perceptions of ERSF as a whole, so it is important to make a positive first impression. This introduction can be abridged for staff who have participated in teamings before. An example of this is also included below.

- **CPSW's first teaming:**

"Thank you for taking the time to meet with us today. Have you had an ERSF teaming before?

Okay, well let me give you a little bit of history, so you understand the purpose of what are doing here. ERSF was developed to try to prevent child maltreatment deaths and serious injuries. We use historical information from our SACWIS system to identify the children who are at the highest risk of one of those outcomes, based on their similarities to children who have experienced them in the past; then we review the case using a very short review tool that focuses on safety. After the review, if we have questions or need some clarification, we have a quick teaming so we can talk about the case. Please don't be nervous – this doesn't mean that you did anything wrong, only that we had a few things we weren't super clear on.

During the teaming, if the team thinks that additional steps are needed to assess child safety and risk or address any concerns, we will help you develop a plan. Our role is to provide a second set of eyes and an outside perspective on the case, but you are the experts on the family and the resources in your area, so the teaming is definitely a team effort. You can pick the due dates for the action items, since you know what your workload is like and what will be realistic, but if we think something is a little more urgent, we will ask for a shorter timeframe.

After the teaming is over, we'll send you an email with the action items and timeframes we discussed. Please let us know when things get completed and documented so we can mark them off in our system. If you run into any barriers, just let us know and we can help you brainstorm a way around them or come up with a new plan. We can extend the timeframes if needed, but we try to avoid that because of the safety focus.

Do you have any questions before we get started?"

- **Abridged version**

“Thank you for meeting with us today. We just had a few quick questions from our review and we really appreciate you taking the time to sit down with us and talk about it.

Just a reminder, during the teaming, if the team thinks that additional steps are needed to assess child safety and risk or address any concerns, we will help you develop a plan and pick some realistic timeframes to get them done. And, as always, we will send you an email afterward with the action items and timeframes we discussed. Please let us know when things get completed and documented so we can mark them off. If you run into any barriers, just let us know and we can help you brainstorm a way around them or come up with a new plan. We can extend the timeframes if needed, but we try to avoid that because of the safety focus.

Do you have any questions before we get started?

**Be prepared:**

- Be familiar with the case including all prior involvement with the child welfare system and previous investigations.
- Have notes readily available during the teaming to refer to.
- Write down questions or safety concerns you want to address with the CPSW and Assistant Supervisor.
- Ask for clarification if you don’t understand something happening in the case.
- Begin each teaming with a case-specific strength and identify additional strengths throughout the teaming. Highlighting the strengths validates the casework and helps foster a comfortable and collaborative environment.

**Listen:**

- The CPSW and Assistant Supervisor are the best resources of information on the family so listen thoroughly as they discuss their experience with the family.
- Encourage the CPSW and Assistant Supervisor to tell the “family’s story.”
- Let the CPSW and Assistant Supervisor come up with solutions and safety interventions for the family.

**Be Assertive, but Non-Judgmental**

- The RSF Supervisor should be in control of the teaming, but not too “authoritarian.”
- The RSF Supervisor should be able to handle different personality types and behaviors.
- Don’t be afraid of silence; the use of strategic silences can be very effective in strengthening a point or in eliciting descriptive responses and/or action items from a reticent CPSW.
- If resistance is detected, exploring barriers and planning actions to overcome them during the teaming may be beneficial.

- If the quality team and social work team cannot agree on a sufficient plan to address any immediate safety concern, the RSF Supervisor has an obligation to stop the teaming and elevate it to the DCYF director for conflict resolution.

## **Be Professional**

- ERSF Teamings can get contentious and make you feel uncomfortable; however, there should never be a power struggle between the quality team and district office staff - you will receive better results by remaining respectful of others' views.

## **Use Open-Ended Questions to Elicit Information**

- Tell me about...
- How did you come to the conclusion...
- How could we verify...
- Who could provide further information on...
- What would be another way to...
- Help me understand...
- What are your concerns about...
- What would it take...
- What is the plan for...
- What would be a different way to...
- "Why" questions can be useful in gathering factual information (such as "Why did the parent stop attending services prior to completion), but use with caution; some "why" questions may come across as accusatory, as described below.

## **Avoid Questions Which May Inhibit Discussion**

- Yes/No questions discourage thoughtful explanations
- "Did you..." or "Why didn't you..." may put people on the defensive
- Avoid "why" questions which focus on the worker's motivations and rationales (such as "Why didn't you complete weekly visits with the family?")

## ***Actions Following the ERSF Teaming***

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Following the ERSF teaming, the RSF Coach will document the action steps in the ERSF dashboard. (Access to the dashboard is found in Mindshare.)

- A summary of the action items and due dates will be sent via email by the RSF Coach to the investigator and any other parties designated by the jurisdiction. This email should be sent the day of the teaming due to the time-sensitivity of the safety actions.
- The RSF Supervisor will document the teaming in a designated secure database

➤ *What is documented?*

- The name and title of the persons attending the teaming, which at a minimum should be the RSF Supervisor and RSF Coach, CPSW and Assistant Supervisor
- Brief summary of safety concerns/emerging dangers
- What mutually agreed action tasks were assigned
- The due dates of the action tasks.

The follow-up to the ERSF teaming is just as important as the teaming itself. It is vital to ensure that agreed upon tasks are completed within the timeframe assigned.

## *Tracking ERSF Action Tasks*

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The RSF Coach is responsible for tracking the completion of assigned action steps. Mindshare has a feature which can send automated “Action Task Reminders” to the assigned CPSW and Assistant Supervisor once an assigned task becomes overdue. During the teaming, the CPSW is asked to inform the RSF Coach when the assigned task(s) are complete. If the CPSW is unable to complete the action task(s) by the assigned due date, they are encouraged to communicate any barriers with the RSF Coach. The RSF Coach has discretion to extend the due date if warranted.

Once the CPSW informs the RSF Coach a task is complete, the RSF Coach verifies the completion of the task in the case file. Once verification has been made, the ERSF Dashboard is updated to reflect the task is complete.

Action Step	Status	Assigned User	Due Date	
<input checked="" type="checkbox"/> PI will contact the mother's substance abuse treatment provider to discuss the mother's participation and prognosis.	COMPLETED	Suzanne Earle	11/04/2015	[REMOVE]
<input type="checkbox"/> PI will complete a law enforcement and CHHS history check on the mother's paramour.	INCOMPLETE	Suzanne Earle	11/05/2015	[REMOVE]

[New Action Step]

## *Overdue Action Tasks/Accountability Teaming*

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The RSF Coach should make every effort to follow up with the CPSW and/or the Assistant Supervisor if an action task has not been completed by the assigned due date. If an attempt to have an overdue action task completed cannot be resolved, an accountability teaming will be scheduled with the director of quality and the DCYF program director. The purpose of the teaming is to discuss the barriers in the completion of assigned action tasks, determine an explanation of what caused the delay, and to create an action plan to prevent a recurrence for the agency.

The tone used during Accountability Teamings is deliberately sharp and the opposite of an ERSF Teaming. It is imperative that district office staff understand child safety is paramount and a justification of why an action task has not been completed is necessary.

ERSF scores are never used punitively; however repeat Accountability Teamings are a warning sign, and it is recommended that jurisdictions treat them as such.

## *Interrater Reliability & Fidelity Reviews*

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It is critical to ensure interrater reliability is addressed so ERSF review data will be of good quality. All ERSF reviews are completed by a reviewer who has been certified by the local jurisdiction. The following interrater procedures/activities are implemented to ensure consistency among reviewers:

- Cases that are re-reviewed will be completed by alternating RSF Coaches periodically.
- The entire RSF team will independently review multiple cases (3-5 are recommended quarterly) and compare findings (strengths and opportunities for improvement) for consistency. Eckerd fidelity reviewers can assist with facilitating this activity as needed during quarterly site visits.
- Eckerd will review and consult on ERSF review results data on a quarterly basis.
- Once the process has become normalized (following 6 months of reviews) any large score fluctuations such as a 50% improvement in a single month by question or by unit should be viewed skeptically and verified through a secondary review.
- New reviewers should have a 5-10% case sample of their reviews checked by a more senior reviewer to check for scoring agreement and accuracy.
- Eckerd staff will review one case weekly for the first 8 weeks of implementation to ensure interrater reliability and will be available to observe one teaming and one debriefing session for the same period.
- This will continue to be provided as needed following the initial 8 week period.



## *Quarterly Review of ERSF Data*

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Continuous Quality Improvement (CQI) is vital for the success of the ERSF process. In fact, feedback is “rapid” to staff in two ways. As described above, feedback is given to the front-line within one business day on all case reviews. In addition, feedback is also given to management within 7 days of the end of the quarter (or more frequently if desired) in the form of trend identification and analysis. This is made possible by automated reports, which refresh daily, that reflect all reviews entered in the system. ERSF data is reviewed and stratified by each question to evaluate trends, anomalies, areas in need of improvement and areas of high performance. Then in-person meetings are scheduled with DCFS leadership to develop a plan to improve performance. These meetings occur at the DCFS offices. The agency is asked to address the areas where they are struggling. When positive trends are observed from a particular unit their performance is shared with all units so learning opportunities can be implemented. Lower performing units are routinely paired with higher performing units so their system processes which have shown to be successful can be duplicated.

In addition, internal In Process Reviews (IPRs) that examine the process itself occur on a quarterly basis to discuss best practices to further enhance the ERSF process.

## Sample ERSF Quarterly Report:

The first name in each of these cells

# Eckerd

2014-15 Quarter 3  
(January 1, 2015-March 31, 2015)

### All CMO Eckerd Rapid Safety Feedback Review Summary

	Confidence	Applicable Answers	Unit 700 8/14	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8	Question 9	Qtr 3 Average 100.00% 28/28	Qtr 2 Average 100.00% 28/28	Qtr 1 Average 100.00% 28/28
	88	481	412	82.81%	100%	96.26%	92.76%	94.3%	81.73%	92.87%	92.76%	92.21%	92.21%	92.21%	92.21%

	Total Cases Reviewed	Average
Unit 700	7	85.71%
Unit 760	5	100%
Unit 810	5	92.76%
Unit 830	13	92.84%
Unit 840	9	91.95%
Unit 890	5	91.43%
Unit 960	11	84.34%
Total	55	90.61%

ERSF QUESTIONS (All Units)	Qtr1 10/14-12/14	Qtr2 1/15-3/15	Qtr3 4/15-6/15
Question 1-Is safety planning sufficient to risk?	87.23%	88.89%	91.07%
Question 2-Is the case plan individualized for family's needs and related to known dangers?	100%	96.97%	100%
Question 3-Is the parent's behavior change monitored related to these risks?	86.95%	100%	95.36%
Question 4-Is the case manager aware if any emerging dangers? If so are they followed up on urgently?	90.43%	85%	82.76%
Question 5-Is the quality of contacts sufficient to ascertain and respond to known threats and emerging dangers?	89.36%	94.44%	95.3%
Question 6-Is the quantity of contacts sufficient to ascertain and respond to known threats and emerging dangers?	87.23%	88.89%	92.73%
Question 7-Are background checks/home studies sufficient and responded to appropriately?	88.89%	73.53%	83.67%
Question 8-Is communication with the case stakeholders sufficient to the known dangers and to ascertain if emerging dangers are present (Court Providers Collaterals etc)?	62.16%	85.71%	65.79%
Question 9-Is Does supervision identify concerns in service provision related to all of the above and are recommended actions followed up on urgently?	81.82%	87.86%	83.02%
Average	86.36%	89.82	90.61%

## **Attachment A**

### **Examples of Effective Email Communication**

#### **Initial notification email:**

Good Morning/Afternoon (CPSW & Sup),

Assessment ##### (name) has been identified as a Rapid Safety Feedback (RSF) high risk assessment. The RSF team will conduct the review after the 10<sup>th</sup> business day of the assessment and will hold the teaming on (XXXXXXX) at (xxxxxx) via conference call. If this date and time does not work for you, please let us know as soon as possible. If, after the review we do not have any questions, we will cancel the teaming. The second review will be held on XXXXXXXX. Please note that there is no additional expectation for RSF assessments other than the teaming, if required, and documentation of the below areas.

For your reference, below are the 8 questions on the Rapid Safety Feedback tool that the RSF reviewer is looking to answer during our review of the assessment. Supervisors, please remember to document the supervisory review in the assessment notes section prior to the 10<sup>th</sup> business day of the assessment.

- Is background information, including DCYF history, assessed and incorporated into decision making? (are prior reports, prior services, and criminal histories for all caretakers and other adults living in the home considered accurately and sufficiently)
- Are contacts with the family conducted with sufficient timeliness to assess safety and dynamic risk factors and to monitor safety plans?
- Are interviews and observations of sufficient quality to assess safety, risk of future danger, and the presence or absence of child vulnerability factors and parental protective capacities?
- Are the child's living environment and conditions sufficiently assessed, including sleeping arrangements as appropriate for child's age, and are all identified concerns addressed?
- Is communication and collaboration with collateral contacts sufficient to gather information regarding danger, risk of future danger, and family conditions?
- If needed, did the use of safety interventions control danger and risk of future danger?
- If needed, are services appropriate to meet the family's needs identified and recommended?
- Does the supervisory review identify gaps regarding all of the above, provide relevant and sufficient guidance, and ensure accountability to guidance?

**Please note if the child(ren) enter state custody please notify me immediately.**

Reminder – RAPID SAFETY FEEDBACK IS AN INTERNAL REVIEW PROCESS and is not entered into the contact log. All efforts/tasks completed as a result of RSF action plans should be documented as normal contact notes.

Thank you!

RSF team

**No teaming needed email:**

Good Morning/afternoon (CPSW & Sup),

I completed the review of the XXXX assessment and was very impressed with your casework. I particularly wanted to highlight XXXXXXXX (the way that you were able to use the rapport you've built with the family to engage the mother to participate in DV classes – no one has been able to get her to do that before!) We had no questions and have no need for a teaming. Another review will be held at the 30 day mark or earlier if you are ready to close the assessment.

Thank you,

**30 Day Teaming request email:**

The RSF team would like to take a moment and thank you for your continued work in the XXXXXXXX assessment. We have completed the 30 day review and had a few questions. We would like to schedule a teaming on XXXXX at XXXXXXXX. An Outlook invitation will be forthcoming, if you are not available at that time please let us know asap. Thank you.

Sincerely,

**Action items email:**

Good Morning/Afternoon (CPSW and Supervisor),

Thank you for taking the time to discuss this assessment with us today. We really appreciated the XXXXXXXXXXXX (detailed information you were able to provide us about what the parents are demonstrating from their parenting course). The action items we agreed upon are listed below. Please ensure that each task is completed and documented by the due date. Also, please let Jenn and Michelle know via email when the action items are documented so they can mark them as complete. If you encounter any barriers or have any questions please let us know.

**Follow up/overdue action item email:**

Good Morning/Afternoon (CPSW & Sup)

I just took a look at the action steps in the XXXXXXXX assessment and wanted to touch base to see how things were going and get an update on the action steps that were due on XXXXXXXX. Have you run into any barriers or determined the steps are no longer needed for safety? Let me know so if needed we can brainstorm some other ideas.

1.

2.

Thank you,

**Overdue action items email:**

Good afternoon,

Can you please provide a status update on the below action items that are past due as of today? If these action items are not resolved by close of business today, we will need to schedule an accountability teaming ASAP! Thanks in advance for your prompt response!

**Attachment B**

**ERSF Core Competencies for Specialists and Supervisors**

**Specialist**

**Supervisor**

(all Specialist competencies are also Supervisor competencies)

<b>Detailed Oriented</b> <ul style="list-style-type: none"> <li>• Pays attention to detail and strives for perfection without compromising overall productivity</li> </ul>	<b>Coaching &amp; Mentoring</b> <ul style="list-style-type: none"> <li>• Enable others to grow and succeed through feedback, instruction, and encouragement</li> <li>• Motivates team to a high level of production while maintaining overall quality</li> <li>• Uses questions to solicit team and subordinate growth and thinking in a parallel process to ERSF</li> </ul>
<b>Critical Thinking and Analysis</b> <ul style="list-style-type: none"> <li>• Makes timely, informed decisions that take into account the system and work unit goals and constraints</li> <li>• Appraises and integrates multiple sources of verbal and written information with practice wisdom</li> <li>• Able to make connections between and synthesize information from multiple sources verbally and in writing.</li> <li>• Able to analyze and articulate the gap between documented practice and quality child welfare practice standards</li> </ul>	<b>Rapport-Building Skills/System Relationships</b> <ul style="list-style-type: none"> <li>• Builds and maintains relationships with others to gain their trust and confidence</li> <li>• Ideal candidates have an existing network of high value relationships within the system of care under review</li> <li>• Engages effectively with multi-system partners from management to the front-line</li> <li>• Builds working relationships characterized by cooperation and mutual respect regardless of position</li> </ul>
<b>Organizational Skills</b> <ul style="list-style-type: none"> <li>• Ability to multi-task and prioritize work</li> <li>• Demonstrates preparedness</li> </ul>	<b>Influencing Others/Rapport Building</b> <ul style="list-style-type: none"> <li>• Uses multiple strategies including leveraging the organization's mission to increase team impact</li> </ul>
<b>Communication Skills</b> <ul style="list-style-type: none"> <li>• Proficiency in verbal and written communication that includes the ability to comprehend, prioritize, and disseminate to keep others informed.</li> <li>• Proficiency in active listening skills and interpersonal skills</li> <li>• Uses practice questions to solicit growth and thinking in child welfare practitioners</li> <li>• Gives verbal feedback that is clear, descriptive, specific and useful</li> <li>• Offers relevant information or a different perspective on case manager's practice and values in a non-judgmental manner</li> <li>• Able to sincerely articulate observed strengths</li> </ul>	<b>Flexibility</b> <ul style="list-style-type: none"> <li>• Adapts to changing work needs, conditions and responsibilities including shifts in management priorities with ease</li> <li>• Able to alter schedules/timeframes when needed and to convey the impact of changes on the work unit and process stakeholders</li> </ul>
<b>Technical Knowledge of the Child Welfare System</b> <ul style="list-style-type: none"> <li>• Demonstrates in-depth knowledge of quality child welfare practice standards</li> <li>• Understands systemic barriers to achieving</li> </ul>	<b>Decisiveness</b> <ul style="list-style-type: none"> <li>• Able to make decisions based on the totality of circumstances even if information is incomplete</li> </ul>

outcomes in the child welfare system and strategies to address them	<ul style="list-style-type: none"> <li>• Comfortable with ambiguity</li> <li>• Willingness to course correct if new information or priorities are identified</li> </ul>
<b>Teamwork</b> <ul style="list-style-type: none"> <li>• Promotes cooperation and commitment within a team to achieve goals and deliverables.</li> <li>• Identifies team strengths and opportunities and assigns tasks to maximize strengths and mitigate liabilities</li> </ul>	<b>Conflict Management</b> <ul style="list-style-type: none"> <li>• Helps others resolve complex or sensitive disagreements and conflicts</li> <li>• Quickly identifies and leverages win-win situations</li> <li>• Works well with multiple personality types</li> </ul>
<b>Self-Awareness and Development</b> <ul style="list-style-type: none"> <li>• Understands and reflects upon own strengths and limitations and the implications for their professional role. Uses this awareness to modify behavior as appropriate.</li> <li>• Actively solicits feedback, recognizes needed changes and integrates them into performance. Uses self-awareness to modify behavior as required to improve efficacy.</li> </ul>	<b>Professionalism</b> <ul style="list-style-type: none"> <li>• Maintains control of case teaming even when contentious, yet is able to avoid power struggles</li> <li>• Uses appropriate humor to deepen the professional relationship and deflect conflict</li> </ul>



## Attachment C

State: Choose an item. Year: Choose an

item. Quarter: Choose an item.

Date of ERSF review:     /    /    

Date of debrief:     /    /    

Date of teaming:     /    /    

Case Name / #:                     

Quality Reviewer:                     

### ECKERD RAPID SAFETY FEEDBACK<sup>SM</sup> Fidelity Assessment

Instructions: Wherever checkboxes are given as an option, check all that apply. All boxes must be checked in order to receive an acceptable or superior rating. If some, but not all boxes are checked, revert to next lower score.

Skill level needs significant improvement	Needs Improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
<b>Pre-Teaming/Teaming</b>					
<i>Highest possible score for this section = 30</i>					
Pre-Teaming/Teaming: Yes or No (Must Check all to get a "Yes" Rating) <i>Highest possible score for this question = 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
Skill level needs significant improvement	Needs Improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	3		5		
1. <input type="checkbox"/> All items were not reviewed	<input type="checkbox"/> The quality reviewer reviewed the current investigation <input type="checkbox"/> The quality reviewer reviewed all prior abuse reports <input type="checkbox"/> The quality reviewer reviewed the most recent 6 months of any applicable service case				
Skill level needs significant improvement	Needs Improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A



Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
2. <input type="checkbox"/> If any Case Practice Assessment Tool (survey) questions are answered with a "No," comments do not include specific examples which justify the safety concern.	<input type="checkbox"/> If survey questions are answered with a "No," comments include specific examples to address the safety concern, but may be cursory references with little explanation. <input type="checkbox"/> Responses are sufficient for the reviewer who is already familiar with the case to understand the "no" rating, but an unfamiliar reader would not have sufficient context to justify the rating.	<input type="checkbox"/> If survey questions are answered with a "No," comments and examples provided clearly address the safety concern. <input type="checkbox"/> Responses are sufficient for the reviewer who was unfamiliar with the case to understand the nature of the concern. <input type="checkbox"/> Responses are comprehensive in nature.			N/A
FINAL ITEM SCORE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A (because all survey questions were marked yes) Comments/notes					
3. <input type="checkbox"/> Case strengths are not summarized in the ERSF tool.	<input type="checkbox"/> Case strengths are generic/routine: not tailored to case specifics.		<input type="checkbox"/> Case strengths are comprehensively summarized in the ERSF tool. Strengths include detailed descriptions of key caseworker or supervisor actions. <input type="checkbox"/> Strengths are identified and articulated even on cases where overall casework needs improvement.		
FINAL ITEM SCORE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Comments/notes					
4. <input type="checkbox"/> Case opportunities for improvement are not summarized in the ERSF tool.  AND/OR <input type="checkbox"/> Safety-related notes pertaining to No responses are listed in the Opportunities section instead of under the appropriate question.	<input type="checkbox"/> Case opportunities are summarized in the ERSF tool, but minimal details are provided. <input type="checkbox"/> Issues identified in the Opportunities for Improvement Section relate only to permanency and wellbeing (safety-related items are captured in the comment section of each review question).	<input type="checkbox"/> Case opportunities for improvement are summarized in the ERSF tool in detail. <input type="checkbox"/> Issues identified in the Opportunities for Improvement Section relate only to permanency and wellbeing (safety-related items are captured in the comment section of each review question). <input type="checkbox"/> Opportunities are individualized and clearly understood by the reader even if unfamiliar with the case.			
FINAL ITEM SCORE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A (because there are no non-safety-related areas needing improvement) Comments/notes					

Skill level needs significant improvement 1	Needs Improvement 2	Acceptable skill level 3	Above average skill level 4	Superior skill level 5	N/A N/A
5. <input type="checkbox"/> Quality Reviewer did not debrief the case with Quality Supervisor.  AND/OR <input type="checkbox"/> Safety issues or concerns that are present in the case are not explained to the Quality Supervisor prior to the teaming/teaming with front line.	<input type="checkbox"/> Quality Reviewer debriefed case with Quality Supervisor after his/her review, but details are not provided.  <i>The pre-teaming/teaming also addresses:</i> <input type="checkbox"/> Strategies to elicit desired responses from participants during the teaming/teaming <input type="checkbox"/> N/A (no teaming needed)	<input type="checkbox"/> Quality Reviewer debriefed case with Quality Supervisor after his/her review to include, but not limited to, a discussion of: <input type="checkbox"/> Family dynamics <input type="checkbox"/> Reason(s) for referral/report <input type="checkbox"/> Safety concerns <input type="checkbox"/> Current intervention strategies or the lack of sufficient strategies (Note: if not all 4 boxes are checked, skill level would be 4)  <i>The pre-teaming/teaming also addresses:</i> <input type="checkbox"/> Strategies to elicit desired responses from participants during the teaming/teaming <input type="checkbox"/> The past history of teaming/teamings with the worker and/or supervisor is considered when creating the strategies to elicit desired responses if none, strategies for a first time teaming/teaming are discussed.	<input type="checkbox"/> Quality Reviewer debriefed case with Quality Supervisor after his/her review to include, but not limited to, a discussion of: <input type="checkbox"/> Family dynamics <input type="checkbox"/> Reason(s) for referral/report <input type="checkbox"/> Safety concerns <input type="checkbox"/> Current intervention strategies or the lack of sufficient strategies (Note: if not all 4 boxes are checked, skill level would be 4)	<input type="checkbox"/> Quality Reviewer debriefed case with Quality Supervisor after his/her review to include, but not limited to, a discussion of: <input type="checkbox"/> Family dynamics <input type="checkbox"/> Reason(s) for referral/report <input type="checkbox"/> Safety concerns <input type="checkbox"/> Current intervention strategies or the lack of sufficient strategies (Note: if not all 4 boxes are checked, skill level would be 4)	N/A
FINAL ITEM SCORE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Comments/notes					
6. After obtaining case information from the Quality Reviewer, the Quality Supervisor made a determination: <input type="checkbox"/> The need for the teaming/teaming was not based on a "No" response in any of the review tool questions. <input type="checkbox"/> A no response was ignored and/or handled through another means such as email.  AND/OR	After obtaining case information from the Quality Reviewer, the Quality Supervisor made a determination: <input type="checkbox"/> The teaming/teaming was needed based on (a) a "No" response in any of the review tool questions, or (b) an inability to make a safety determination based on current documentation. <input type="checkbox"/> A teaming/teaming was scheduled within one business day of review.  OR <input type="checkbox"/> An appropriate decision was made not to staff the case due to no safety concerns.	After obtaining case information from the Quality Reviewer, the Quality Supervisor made a determination: <input type="checkbox"/> The teaming/teaming was needed based on (a) a "No" response in any of the review tool questions, or (b) an inability to make a safety determination based on current documentation. <input type="checkbox"/> A teaming/teaming was scheduled within one business day of review. <input type="checkbox"/> The tone of the teaming/teaming request struck an appropriate balance between accommodation of front line schedules and the urgency of the safety concerns meriting the teaming/teaming. The request exhibits the following:	After obtaining case information from the Quality Reviewer, the Quality Supervisor made a determination: <input type="checkbox"/> The teaming/teaming was needed based on (a) a "No" response in any of the review tool questions, or (b) an inability to make a safety determination based on current documentation. <input type="checkbox"/> A teaming/teaming was scheduled within one business day of review. <input type="checkbox"/> The tone of the teaming/teaming request struck an appropriate balance between accommodation of front line schedules and the urgency of the safety concerns meriting the teaming/teaming. The request exhibits the following:	After obtaining case information from the Quality Reviewer, the Quality Supervisor made a determination: <input type="checkbox"/> The teaming/teaming was needed based on (a) a "No" response in any of the review tool questions, or (b) an inability to make a safety determination based on current documentation. <input type="checkbox"/> A teaming/teaming was scheduled within one business day of review. <input type="checkbox"/> The tone of the teaming/teaming request struck an appropriate balance between accommodation of front line schedules and the urgency of the safety concerns meriting the teaming/teaming. The request exhibits the following:	N/A

Skill level/needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
<input type="checkbox"/> A teaming/teaming was scheduled as needed due to a no response, but was held outside of one business day of review.	FINAL ITEM SCORE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Comments/notes			<input type="checkbox"/> Upbeat (conveys warmth) <input type="checkbox"/> Non-accusatory/does not convey an expression of judgement	N/A
<b>Initial Teaming/Teaming</b> <i>Highest possible score for this section = 20</i>					
7. The Quality Reviewer and/or Quality Supervisor did not conduct the teaming/teaming according to the model <input type="checkbox"/> Perceived gaps or limitations in the case assessment or action plans were explained didactically instead of through questions.  AND/OR <input type="checkbox"/> Predominantly closed ended questions were used.  AND/OR <input type="checkbox"/> No attempts evident to use rapport building techniques.		The Quality Reviewer and/or Quality Supervisor conducted the teaming/teaming according to the model <input type="checkbox"/> At least some perceived gaps or limitations were addressed through statements. <input type="checkbox"/> At least some open ended questions were used. <input type="checkbox"/> At least some noted case strengths were validated during the teaming/teaming. <input type="checkbox"/> Composure was mostly maintained during challenging conversation (if applicable). <input type="checkbox"/> N/A <input type="checkbox"/> Attempts to use rapport building techniques were evident (e.g., appropriate humor, warm and friendly attitude). <input type="checkbox"/> Appropriate balance of positive and negative reinforcement.		The Quality Reviewer and/or Quality Supervisor exceeded expectations when conducting the teaming/teaming according to the model <input type="checkbox"/> All perceived gaps or limitations were addressed through questions instead of didactic statements. <input type="checkbox"/> Predominantly open ended questions were used. <input type="checkbox"/> All noted case strengths were validated during the teaming/teaming. <input type="checkbox"/> Composure was maintained during challenging conversation (if applicable). <input type="checkbox"/> N/A <input type="checkbox"/> Attempts to use multiple rapport building techniques were evident (e.g., appropriate humor, warm and friendly attitude). <input type="checkbox"/> Strategic silences were allowed in order to elicit needed responses (if needed). <input type="checkbox"/> N/A <input type="checkbox"/> Ability to convey shared insight to initially resistant staff was demonstrated (if applicable). <input type="checkbox"/> N/A <input type="checkbox"/> Appropriate balance of positive and negative reinforcement. <input type="checkbox"/> Creativity and the ability to adjust teaming based on participants' needs. <input type="checkbox"/> Ensure everyone is familiar with ERSF and	

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
				explaining as needed. Also giving the investigations staff the opportunity to ask questions.	N/A
FINAL ITEM SCORE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A (if no teaming was needed) Comments/notes					
8. The Quality Reviewer and/or Quality Supervisor did not allow the worker and/or supervisor to (a) lead the development of an action plan and (b) the action plan will not mitigate noted safety concerns. <input type="checkbox"/> The action plan did not address all safety concerns. AND/OR <input type="checkbox"/> The Quality Reviewer/Supervisor did not provide worker/supervisor with an opportunity to verbalize their plan to mitigate risk. <input type="checkbox"/> Action task completion dates were not assigned with appropriate urgency to mitigate the safety concern.		The Quality Reviewer and/or Quality Supervisor allowed the worker and/or supervisor to (a) lead the development of an action plan and (b) the action plan will mitigate noted safety concerns. <input type="checkbox"/> The action plan addressed all safety concerns. <input type="checkbox"/> The Quality Reviewer/Supervisor provided CPS Supervisor with an opportunity to verbalize their plan to mitigate risk. <input type="checkbox"/> Action task completion dates were assigned appropriate to mitigate the safety concern, tailoring timeframes to the urgency of the concern. <input type="checkbox"/> The Quality Reviewer/Supervisor provided suggestions for intervention strategies. Sometimes this occurred before sufficient efforts to elicit an appropriate plan from the worker and supervisor were utilized (if applicable). <input type="checkbox"/> N/A		The Quality Reviewer and/or Quality Supervisor allowed the worker and/or supervisor to (a) lead the development of an action plan, and (b) the action plan will mitigate noted safety concerns. For example: <input type="checkbox"/> The action plan addressed all safety concerns. <input type="checkbox"/> The Quality Reviewer/Supervisor provided CPS Supervisor with an opportunity to verbalize their plan to mitigate risk. <input type="checkbox"/> Action task completion dates were assigned appropriate to mitigate the safety concern, tailoring timeframes to the urgency of the concern. Action steps were specific and clearly documented. <input type="checkbox"/> The Quality Reviewer/Supervisor only provided suggestions for intervention strategies once sufficient efforts to elicit an appropriate plan from the investigation team were utilized (if applicable). <input type="checkbox"/> N/A <input type="checkbox"/> The Quality Reviewer/Supervisor sought agreement from the worker and supervisor regarding whether they could carry out the recommended intervention strategy and/or safety plan (if applicable). <input type="checkbox"/> N/A <input type="checkbox"/> Quality Reviewer/Supervisor helped the workers develop action items with specificity and strategies for action step	N/A

Skill level needs significant improvement 1	Needs improvement 2	Acceptable skill level 3	Above average skill level 4	Superior skill level 5	N/A N/A
<p>FINAL ITEM SCORE  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A (if no teaming was needed or no action plan was required following the teaming)  Comments/notes</p>					
<p>9. Safe sleep information was not clearly documented in the case record and the Quality Reviewer/Supervisor did not discuss the need for such.  <input type="checkbox"/> During the ERSF teaming/teaming, the Quality Reviewer/Supervisor did not inquire about the child's sleeping arrangements.  AND/OR  <input type="checkbox"/> An action plan was not developed during the teaming/teaming to address safe sleep.</p>	<p>Safe sleep information was not clearly documented in the case record and the Quality Reviewer/Supervisor discussed the need for such.  <input type="checkbox"/> During the ERSF teaming/teaming, the Quality Reviewer/Supervisor inquired about the child's sleeping arrangements.  <input type="checkbox"/> An action plan was developed during the teaming/teaming to address safe sleep.</p>	<p>Safe sleep information was not documented in the case file and the Quality Reviewer/Supervisor discussed the need for such.  <input type="checkbox"/> During the ERSF teaming/teaming, the Quality Reviewer/Supervisor inquired about the child's sleeping arrangements.  <input type="checkbox"/> An action plan was developed during the teaming/teaming to address safe sleep.  <input type="checkbox"/> The Quality Reviewer and/or Supervisor discussed the importance of safe sleep conversations with families of young children.  <input type="checkbox"/> The plan included persons of trust to the family in addition to the caseworker.</p>			
<p>FINAL ITEM SCORE  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A (Safe sleep information was sufficiently documented in the case record or was not applicable to the case)  Comments/notes</p>					
<p>10. Strengths/Opportunities:  <input type="checkbox"/> The Quality Reviewer and/or Quality Supervisor did not provide positive feedback regarding overall case strengths during the ERSF teaming/teaming.  AND/OR  <input type="checkbox"/> Quality Reviewer/Supervisor did not discuss opportunities for improvement with the worker and supervisor during the ERSF</p>	<p><input type="checkbox"/> The Quality Reviewer and/or Quality Supervisor provided positive feedback regarding case strengths during the ERSF teaming/teaming.  <input type="checkbox"/> The Quality Reviewer/Supervisor discussed opportunities for improvement (if any identified) with the worker and supervisor during the ERSF teaming/teaming. <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> The Quality Reviewer and/or Quality Supervisor provided positive feedback regarding case strengths during the ERSF teaming/teaming.  <input type="checkbox"/> The Quality Reviewer/Supervisor discussed opportunities for improvement (if any identified) with the worker and supervisor during the ERSF teaming/teaming. <input type="checkbox"/> N/A  <input type="checkbox"/> Strengths are articulated even on cases where overall casework needs improvement.  <input type="checkbox"/> Case opportunities (if any) were phrased in a strength-based manner which honored the front line worker's expertise with the family. <input type="checkbox"/> N/A</p>			

Skill level needs significant improvement 1	Needs Improvement 2	Acceptable skill level 3	Above average skill level 4	Superior skill level 5	N/A N/A
teaming/teaming. <div> <div>FINAL ITEM SCORE</div> <div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A (If no teaming was needed) </div> </div> <div>Comments/notes</div>					

Post-Teaming/Teaming: Yes or No  
(Must Check all to get a "Yes" Rating)  
Highest possible score for this section = 5; All 6 boxes checked or N/A = 5; 1-5 boxes checked or N/A = 4; zero boxes checked = 0

Skill level needs significant improvement 1	Needs Improvement 3	Acceptable skill level 5
11. <input type="checkbox"/> All items not present	<div> <div> <input type="checkbox"/> The action items entered capture all needed actions faithfully. <input type="checkbox"/> N/A  <input type="checkbox"/> The action items are entered within two business days. <input type="checkbox"/> N/A  <input type="checkbox"/> Action tasks were tracked to completion as verified by the Quality Reviewer and marked as such in Mindshare. <input type="checkbox"/> N/A  <input type="checkbox"/> Barriers were addressed within 1 business day of the item's expiration date, either through extension of timeframes when appropriate or initiation of the accountability teaming/teaming. <input type="checkbox"/> N/A  <input type="checkbox"/> An accountability teaming/teaming was held if action items were not completed timely. <input type="checkbox"/> N/A </div> <div>AND</div> <div> <input type="checkbox"/> Was initiated timely (within 1 business day of a missed action item deadline). <input type="checkbox"/> N/A </div> </div>	

Scoring of ERSF Fidelity Tool	
Section	Score
Pre-Teaming/Teaming <i>Highest possible score for this section = 30</i>	
Initial Teaming/Teaming <i>Highest possible score for this section = 20</i>	
Post-Teaming/Teaming <i>Highest possible score for this section = 5</i>	
<b>TOTAL ERSF FIDELITY SCORE</b>	